



CITIZEN/ORGANIZATION AGENDA REQUEST

Council Meeting Date 7-17-17

(Requests may be faxed to City Clerk at 309-734-4943)

CITIZEN/ORGANIZATION: Midwest Bank

Citizen/Representative: Chris Gavin

Address: 200 East Broadway

E-mail Address: cgavin@mbwi.com

Phone Number: 309-457-6227

Event Date and Hours of Event: 7-29-17 7:00 to Noon

Type of Event and Reason for Request: Charity Bike Ride

Requirements for events (these requirements must accompany the request at time of meeting or before. **NO EXCEPTIONS**):

- yes 1) Certificate of Liability Insurance – (private citizen or not-for-profit group)
- 2) If request includes or affects other citizens, a form signed by such citizens showing their approval is to be brought to meeting. (Ex: vacating an alley, blocking off street)
- 3) Diagrams or maps, if pertinent to approving the request.

[Signature]
Citizen/Organization Representative

7/6/17
Date

[Signature]
City Clerk

7-7-17
Date

PLEASE NOTE: 1) In order to be placed on the agenda of a Council Meeting, **ALL** requests **MUST** be received the Wednesday morning prior to the next Council meeting!
2) Representative must be present at meeting unless exempted under annual request policy.

RIDE FOR RYDER

**SATURDAY JULY 29TH
25M & 50M LOOP OPTIONS**

**REGISTRATION & RIDE START
FROM 7AM - 9AM AT MIDWEST BANK
200 E BROADWAY, MONMOUTH**

\$25 INCLUDES TSHIRT, ROUTE MAP & REFRESHMENTS

TO PRE-REGISTER PLEASE EMAIL [KIM@MBWI.COM](mailto:kim@mbwi.com)

REGISTRANT CAN DESIGNATE IF THEY WOULD
LIKE ENTRY FEE TO GO TO ARMSTRONG FAMILY OR TO
RELAY FOR LIFE OF WARREN & HENDERSON COUNTY

Join us for a group ride to honor Ryder Armstrong, 20 month old son of Ryan & Caylin Armstrong and brother to Tyler. Ryder was diagnosed with leukemia shortly before Christmas and is currently at St. Judes in hopes of receiving a bone marrow transplant.

**WE DON'T KNOW HOW STRONG WE ARE UNTIL BEING
STRONG IS THE ONLY CHOICE WE HAVE #RYDERSTRONG**

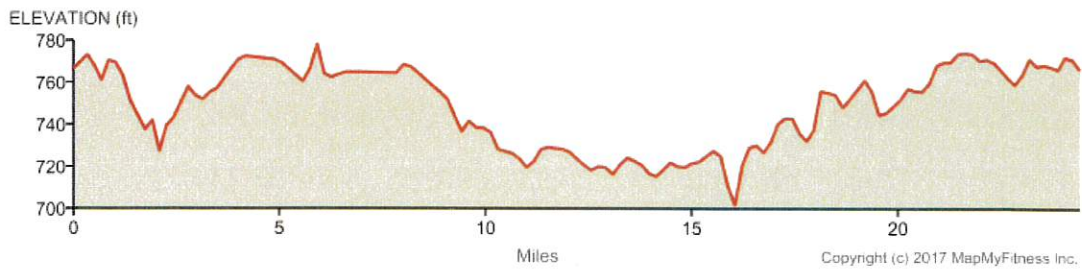
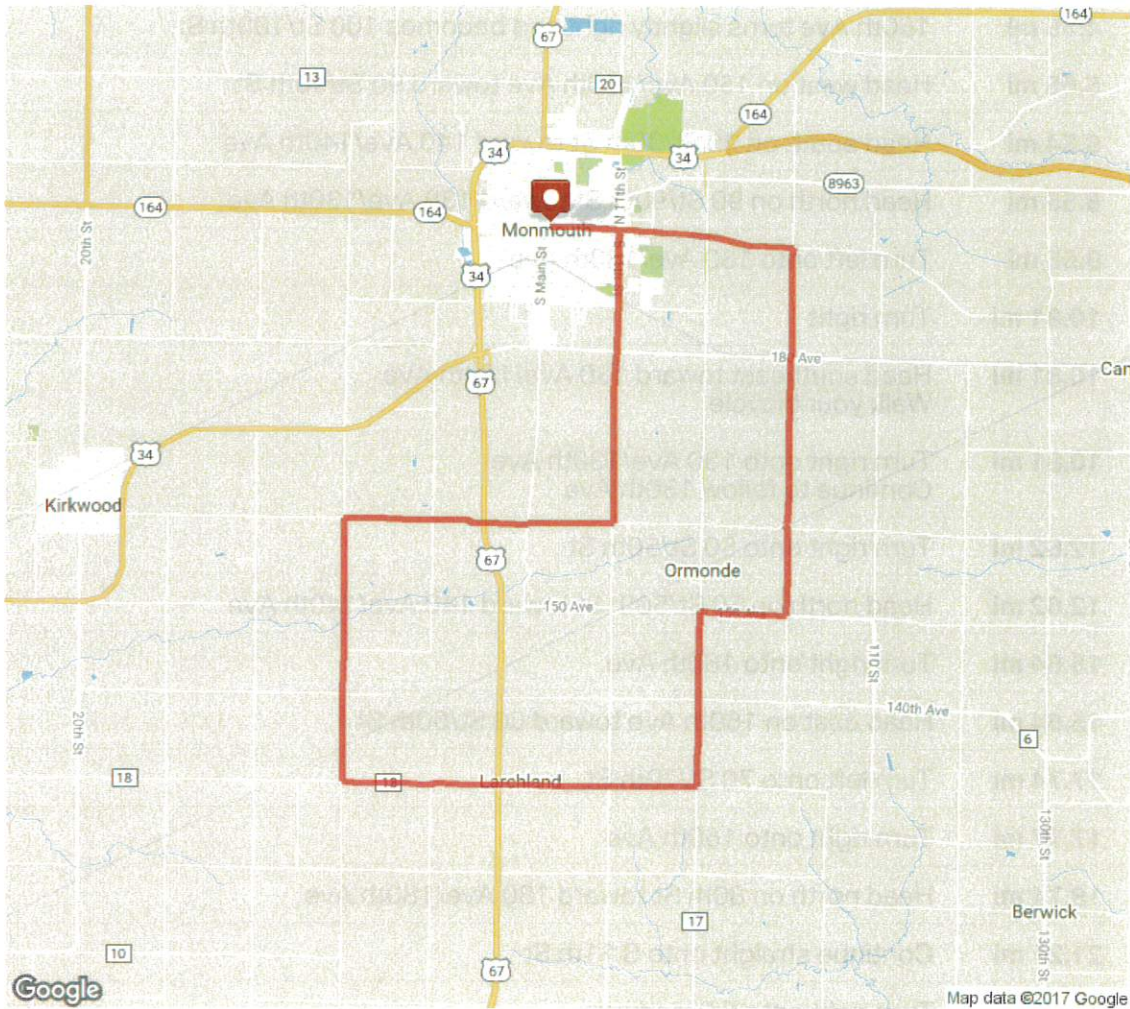




Ride for Ryder 25 mile loop

Distance: 24.45 mi
Elevation Gain: 258 ft
Elevation Max: 779 ft

Notes



0.00 mi Head east on E Broadway toward S 2nd St



CERTIFICATE OF LIABILITY INSURANCE

OP ID: KS

DATE (MM/DD/YYYY)

07/06/17

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Finn Insurance Agency, Inc. P.O. Box 1067 North Riverside, IL 60546- Thomas Finn		708-447-8300 708-447-5972	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: WESTE-1	FAX (A/C, No):
INSURED Western Illinois Bancshares Midwest Bk of Western Illinois Mr. Christopher Gavin P O Box 440 Monmouth, IL 61462	INSURER(S) AFFORDING COVERAGE		INSURER A : Travelers Insurance Co. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	NAIC #

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor lia GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			H-660-5A91687A-PHX-16H	09/30/16	09/30/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$			HSM-CUP-7A540499-TIL-16	09/30/16	09/30/17	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	HVMI NUB 2955L86716	09/30/16	09/30/17	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 As respects event for the bank bike ride fundraiser on July 29, 2017

CERTIFICATE HOLDER**CANCELLATION**

CITYMON City of Monmouth 100 East Broadway Monmouth, IL 61462	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Thomas Finn
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